



Texas Department of State
Health Services

Fiscal Year (FY) 2020 Uncompensated Trauma Care (UCC) Application

Background Info:

Texas Health and Safety Code §780.004 directs DSHS to use 94% of funds in the Designated Trauma Facility/Emergency Medical Services (DTF/EMS) Account (Fund 5111) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities and facilities that are in active pursuit of trauma designation by the application due date.

Texas Health and Safety Code §773.122 directs DSHS to use 27% of funds in the Emergency Medical services, Trauma Facilities, and Trauma Care Systems Account (Fund 5108) and 27% of funds in the Emergency Medical Services and Trauma Care Systems Account (Fund 5007) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities by the application due date.

For more information regarding the DSHS Uncompensated Trauma Care (UCC) funding, please click on the following link: <https://dshs.texas.gov/emtraumasystems/efunding.shtm#UCC>
(<https://dshs.texas.gov/emtraumasystems/efunding.shtm#UCC>).

* Required

Part A - Hospital Information

Part A of the UCC application collects facility information and trauma patient information (summary).

Please note: additional sections are included in the application process and required to be completed in order to submit the UCC application to be considered for funding eligibility.

For assistance with any part of the application, you may email fundingapp@dshs.texas.gov (<mailto:fundingapp@dshs.texas.gov>) to reach one of our program specialists.

1. Hospital Name *

2. Hospital License Number

You may verify the hospital lic # (if needed) here:

<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/hospitals/hospital-gen-spec-directory.xlsx>
(<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/hospitals/hospital-gen-spec-directory.xlsx>). *

3. Physical Address (location) *

4. City *

5. Zip Code *

6. County *

7. Trauma Service Area (TSA)/Regional Advisory Council (RAC) *

8. Texas Provider Identifier (TPI) #

9. National Provider Identifier (NPI)#

10. Application Point of Contact (POC) *

11. POC Email *

12. POC Phone Number *

13. Hospital Level of Designation *

- ☐ Level I
- ☐ Level II
- ☐ Level III
- ☐ Level IV
- ☐ In Active Pursuit (IAP) of Designation

14. Number of patients entered into the facility's Trauma Registry from
January 1, 2018 thru December 31, 2018: *

15. Number of trauma team activations at the facility from
January 1, 2018 thru December 31, 2018 *

16. Total number of all patients evaluated in the emergency department from
January 1, 2018 thru December 31, 2018: *

Section 1(a) - Trauma Activations

Please provide the number of activations for each category provided below for Calendar Year (CY) 2018 for your hospital

17. Highest Level of Activations *

18. 2nd Level of Activations (Number/Count) *

19. 3rd Level of Activations *

20. Trauma Activation Fee (Highest Level of Activation Only) *

- ☐ \$30,001 or higher
- ☐ \$25,001 - \$30,000
- ☐ \$20,001 - \$25,000
- ☐ \$15,001 - \$20,000
- ☐ \$10,001 - \$15,000
- ☐ \$5,001 - \$10,000
- ☐ \$2,501 - \$5,000
- ☐ \$1,001 - \$2,500
- ☐ \$1 - \$1,000
- ☐ Trauma Activation Fees Not Charged

Section 1(b) - Race/Ethnicity

Please provide the total number of trauma patients for each category provided below for Calendar Year (CY) 2018 for your hospital

21. Asian *

22. American Indian *

23. White *

24. Native Pacific or Other Pacific Islander *

25. African American *

26. Other *

27. Number of Hispanic or Latino *

28. Number Not Hispanic or Latino *

Section 1(c) - Trauma Program

Please provide the information for each category provided below for Calendar Year (CY) 2018 for your hospital

29. Trauma Program Support *

	0.00	0.25	0.50	0.75	1.0
Hours Dedicated to the Trauma Program Manager Role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FTEs that support the Trauma Program (excludes the Trauma Registry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FTEs to support the Trauma Registry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Total FTEs supporting the Trauma Program *

31. Monthly hours the Trauma Medical Director (TMD) is dedicated to the trauma center oversight functions: *

This includes the time dedicated to performance improvement activities such as reviewing medical records, any follow-up activity, credentialing process, the Operations Meeting, the Multidisciplinary Peer Review Meeting, disaster management activities, RAC participation, COT Chapter participation, outreach activities, and teaching ATLS, STB, or other courses

32. Total Medical Staff Contracts for On-call Coverage Cost: *

This includes the TMD, trauma surgeon coverage, orthopedic coverage, and neurosurgical surgical coverage. This would also include the cost of ATLS, travel to GETAC meetings, RAC meetings, conference attendance that the hospital pays for. This cost would include any advanced practice provider that is included in the physician contracts.

33. Cost of the ACS trauma verification survey OR Cost of Texas in-state survey: *

34. Total Operational Budget Committed to the Trauma Program: *

This includes all trauma staff, registry software licensure, injury prevention activities, advanced practice providers funding by the hospital, outreach education and all support funding to include education and travel to GETAC Council or RAC committee meetings.

Section 1(d) - Financial Information

Hospital's Uncompensated Trauma Charges - Provide patient discharges from January 1, 2018 thru December 31, 2018

to complete this section (summary info for Part C of the UCC application)

35. Sum of Uncompensated Trauma Care classified as charity care or bad debt according to the Hospital's policy *

36. Number of patient accounts used to calculate the hospital's uncompensated trauma care charges: *

37. Collections received on uncompensated patient accounts submitted in previous Uncompensated Trauma Care Applications from 2005 to 2019 AND not previously reported as collected *

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